

## EPA KEY CONTACTS FORM

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> RONALD	<b>Middle Name:</b>
	<b>Last Name:</b> SUGAR		<b>Suffix:</b>
<b>Title:</b>	SENIOR DEPUTY DIRECTOR		
<b>Complete Address:</b>			
<b>Street1:</b>	542 4th Avenue		
<b>Street2:</b>			
<b>City:</b>	Pittsburgh	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	15219	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	412-578-8005	<b>Fax Number:</b>	412-578-8325
<b>E-mail Address:</b>	RONALD.SUGAR@ALLEGHENYCOUNTY.US		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b> Mrs.	<b>First Name:</b> KIMBERLY	<b>Middle Name:</b>
	<b>Last Name:</b> JOYCE		<b>Suffix:</b>
<b>Title:</b>	FINANCE MANAGER		
<b>Complete Address:</b>			
<b>Street1:</b>	542 4th Avenue		
<b>Street2:</b>			
<b>City:</b>	Pittsburgh	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	15219	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	412-578-8013	<b>Fax Number:</b>	412-578-8325
<b>E-mail Address:</b>	KIM.JOYCE@ALLEGHENYCOUNTY.US		

**Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

<b>Name:</b>	<b>Prefix:</b> Mrs.	<b>First Name:</b> KIMBERLY	<b>Middle Name:</b>
	<b>Last Name:</b> JOYCE		<b>Suffix:</b>
<b>Title:</b>	FINANCE MANAGER		
<b>Complete Address:</b>			
<b>Street1:</b>	542 4th Avenue		
<b>Street2:</b>			
<b>City:</b>	Pittsburgh	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	15219	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	4125788013	<b>Fax Number:</b>	4125788325
<b>E-mail Address:</b>	KIM.JOYCE@ALLEGHENYCOUNTY.US		

# EPA KEY CONTACTS FORM

**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

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**Name:** Prefix:  **First Name:**  **Middle Name:**   
**Last Name:**  **Suffix:**   
**Title:**

**Complete Address:**

**Street1:**   
**Street2:**   
**City:**  **State:**   
**Zip / Postal Code:**  **Country:**   
**Phone Number:**  **Fax Number:**   
**E-mail Address:**